



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888

March 26, 2008

Linda Gill, Administrator
Ashley Manor - Storybook Way #1
126 North Storybook Way
Eagle, ID 83616

License #: RC-833

Dear Ms. Gill:

On February 6, 2008, a complaint investigation survey was conducted at Ashley Manor - Storybook Way #1, Ashley Manor - Storybook Way. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Polly Watt-Geier, LMSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

POLLY WATT-GEIER, LMSW
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program

PWG/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Assisted Living Facility Program



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February 12, 2008

Administrator
Ashley Manor - Storybook Way #1
126 North Storybook Way
Eagle, ID 83616

Dear Administrator:

On February 6, 2008, a complaint investigator survey was conducted at Ashley Manor - Storybook Way #1, Ashley Manor - Storybook Way. The facility was found to be providing a safe environment and safe, effective care to residents.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by March 6, 2008.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Community Care Program

JS/sc

Enclosure



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February 12, 2008

Administrator
Ashley Manor - Storybook Way #1
126 North Storybook Way
Eagle, ID 83616

Dear Administrator:

On February 6, 2008, a complaint investigation survey was conducted at Ashley Manor - Storybook Way #1, Ashley Manor - Storybook Way. The survey was conducted by Rachel Corey, RN and Polly Watt-Geier, LMSW. This report outlines the findings of our investigation.

Complaint # ID00003010

Allegation#1: An identified resident's hygiene needs were not met by the facility. On April 16, 2007 an identified resident was found with bowel movement under her fingernails and she had not been changed that day.

Findings: Based on observation, interview and record review, it could not be determined the identified resident's hygiene needs were not met.

On February 6, 2008 between 10:05 AM and 10:33 AM, a tour of the facility was conducted and observations of current residents were made. Nine of nine residents were observed as well-groomed, in clean clothes and free from odors. During this time, three interviewable residents stated staff provided the needed assistance to meet their hygiene needs.

On February 6, 2008 at 11:20 AM, a family member of a resident stated, "I have never observed any of the residents unkempt. Residents always look clean."

On February 6, 2008, review of the admission discharge register revealed the identified resident was no longer residing at the facility.

On February 6, 2008 at 11:31 AM, the facility nurse stated the identified resident had been very resistant to cares and was discharged due to an increased in level of care. The facility nurse further stated that despite the identified resident's refusal of

cares, the resident's hygiene needs were met by re-approaching the resident five to ten minutes after a refusal and trying a different approach.

On February 6, 2008, the indentified resident's closed record was reviewed. Progress notes did not document any scheduled baths as not given or any baths as refused. All activity of daily living sheets in the record, documented baths as given.

A progress note dated May 14, 2007 documented, "She was reluctant to take a shower but with lots of encouragement, she took it."

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

Allegation #2: Medication orders were implemented without the signature and delegation of a licensed nurse.

Findings: Based on interview and record review, it could not be determined medication orders were implemented without the signature and delegation of a licensed nurse.

On February 6, 2008 at 9:45 AM, the facility nurse stated when new orders are received, the orders are faxed to the pharmacy. The pharmacy or staff enter the order into their computer system and an alert is sent to her. She then cross checks the orders in the computer with the actual physician's order. Caregivers are then given the proper instructions about assistance with the medication.

On February 6, 2008 at the house manager stated, "New medication orders are faxed to the nurse. She signs and approves all new medication orders before they are implemented. A hard copy of the new medication order, signed by her goes into the hard chart."

On February 6, 2008, two sampled resident charts were reviewed. All medication orders were signed by the facility nurse. Additionally, a Nurse Notification form was in the record for each new medication order, which was signed by the facility nurse and contained instructions to staff.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

Allegation #3: The facility does not have a structured activity program.

Allegation: Based on observation, interview and record review, it was determined the facility did not have a structured activity program to engage the residents.

On February 6, 2008 at 10:20 AM, six out of nine residents were observed sitting in the living room in front of the television. Several residents were observed asleep.

On February 6, 2008 at 10:30 AM, an activity calendar was posted in the hallway that was labeled for the month of January.

On February 6, 2008 at 10:10 AM, a random resident stated, "We haven't had much exercise lately. We need more activities here."

On February 6, 2008 at 11:00 AM, another random resident stated, "We don't do many activities, no games, no nothing."

Conclusion: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.210 for not providing a structured activity program. The facility was required to submit evidence of resolution within 30 days.

Allegation #4: Progress notes were not updated to document resident changes, physician visits or family contacts.

Findings: Based on interview and record review, it could not be determined progress notes were not updated to document resident changes, physician visits or family contacts.

On February 6, 2008 at 10:30, the house manager stated, "We document anything abnormal in the progress notes, any changes, changes in a medications, changes in eating, changes in activities of daily living, or falls."

On February 6, 2008, two sampled resident records were reviewed. Progress notes consistently documented incidents, new medications orders received and implemented, medical appointments, resident behaviors and changes in condition. Additionally, Nurse Notification forms were found for each documented concern or change in orders.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

Allegation #5: Facility caregivers did not receive orientation training prior to working unsupervised.

Findings: Based on interview and record review, it could not be determined facility caregivers did not receive orientation training.

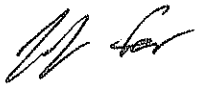
On February 6, 2008, two sampled staff records were reviewed. Both had documentation of 16 hours of structured orientation training. Additionally, both had documentation of specialized dementia training and of nursing delegation to assist with medications.

On February 6, 2008 at 10:34 AM, the house manager stated, "New hires work with staff for 16 hours before working independently. Staff also do not work alone without nursing delegation."

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,



POLLY WATT-GEIER, LMSW
Team Leader
Health Facility Surveyor
Residential Community Care Program

PWG/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program
Polly Watt-Geier, LMSW, Health Facility Surveyor



ASSISTED LIVING

Non-Core Issues

Punch List

NON-CORE ISSUES

Response Required Date 3/6/08	Signature of Facility Representative Kriselle Suite	Date Signed 02-6-08
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